S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1949

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39777

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 2

**1. PLACE OF DEATH:**
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Gasconade 37
(c) City or town Owensville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Carroll
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma Baumbach Carroll
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August (Month) 13 (Day) 1881 (Year)

8. AGE: Years 67 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Owensville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Clay Miner
11. Industry or business

FATHER
12. Name Kye Carroll 4
13. Birthplace Unkown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Gerkmeyer
15. Birthplace Unkown (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Emma Carroll 1
(b) Address Owensville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-'49 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director Milford H.H. Winter
(b) Address Owensville, Mo.
19. (a) Jan. 3, 1949 (Date received by local registrar) (b) [signature] (Registrar's signature) 99

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 31 year 1948 hour 2 minute 05 P. M.
21. I hereby certify that I attended the deceased from Dec 22, 1948, to Dec 31, 1948; that I last saw him alive on Dec. 22, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cardiac failure | |
| Due to Uremia and diabetes | 10 hrs. |
| Coma | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 61
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. M. Keller M.D. (M. D. or other)
Address Owensville, Mo. Date signed 1/2/49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JAN 10 1949
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**